

# DISABILITY QUESTIONNAIRE

If you believe you have been discriminated against because of a **DISABILITY**, we will need additional information from you. Please answer this ADA Questionnaire and return it with the General Intake Questionnaire.

1. Describe your physical and/or mental impairments. Provide a medical name, if known, as well as a general description of each impairment, in non-medical terms.  

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2. Describe in general what major life activities, (ie. walking, breathing, seeing, working, hearing, thinking, interacting with others, lifting, caring for oneself, learning, performing manual tasks, concentrating, sleeping, etc.), are affected by the impairments.  

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3. Describe the manner and extent to which each major life activity relevant to your claim is affected. (For example: Do you require assistance from a family member to perform the activity? If so, how often, what assistance is provided, etc.)  

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4. How long has the impairments lasted? \_\_\_\_\_
5. When was the impairment first diagnosed? \_\_\_\_\_
6. If the impairment(s) was caused by an accident or injury, when did that accident or injury occur?  

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7. Has your physician indicated that the limitations caused by the impairment is permanent or indefinite nature? How long is the impairment expected to last? \_\_\_\_\_
8. Explain how your particular impairment affects your ability to perform the job in question.  

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9. Describe any limitations or restriction related to this job that has been placed on you by your physician for reasons related to the impairment.

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10. If your physician recommended that you be placed on “light duty,” what type of light duty assignments were recommended? When?

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11. For what period of time? \_\_\_\_\_

12. Did your employer have a “light duty” or restricted duty program? \_\_\_\_\_

13. If so, is this duty limited in any way (ie. only to a person who had on-the-job injuries, for a limited period of time, for certain categories of employees only, etc.)?

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14. Provide the names, addresses, and phone numbers of all doctors, therapists, and/or other medical providers who have treated you for your impairment. List the most recent medical provider first and include the dates they treated you. Indicate if you are presently still under this provider’s care.

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15. Describe when and how your managers and supervisors were made aware of your impairment.

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16. What officials became aware of your impairment and job-related limitations or restrictions caused by the impairment? Include names, dates, and their positions.

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17. Have any managers or supervisors made negative comments concerning the impairment? If so, provide their name(s), title(s), and comments made. Include witnesses to these comments, if any.

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18. Have any managers or supervisors treated you differently because of your impairment? If so, explain in detail.

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19. Do (or did) you need a reasonable accommodation in order to perform the job in question? If yes, explain in detail.

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20. Did the employer know or should have known of this need? How?

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21. If yes, describe for what job part or parts of the job you needed a reasonable accommodation.

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22. Indicate how frequently this part of the job is done. \_\_\_\_\_

23. What was the importance of this part of the job to the total job?

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24. Can you perform all other parts, including marginal functions, of the job in question, except the part(s) for which a reasonable accommodation is required?

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25. What major functions/parts of the job can you perform without a reasonable accommodation?

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26. Have you asked for a reasonable accommodation from your employer (ie. modification of equipment, job duties, schedule change, etc.) for the disability described above? If yes, describe the circumstances. Include dates, names, titles, and type of actions or responses.

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27. Provide any names and phone numbers of witnesses to your requests for reasonable accommodation, denial to your request(s), your request(s) not being acted upon, and/or your request(s) not being met in a satisfactory or timely manner.

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28. Can you provide copies of written records regarding your request for an accommodation or your request for an accommodation being denied? \_\_\_\_\_

29. Do you believe that you were treated differently from other employees because of your disability?

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**Please feel free to provide any additional information you may deem relevant to your case.**